



## HOW DO I REPORT CITY BURIALS IN EVERS? (Medical Facilities)

For death cases, if no funeral home is involved and the body is going to city burial, the medical facility must do one of the following:

1. If the case was already created in the system and was pronounced / certified by the doctor, it must be unpronounced / uncertified; the facility must take ownership of the disposition and complete the Personal Information section of the case indicating “**City Burial (Potter’s Field)**” as the method of disposition on the Disposition screen.
2. However, if the case was not created in the system then a new case must be created and completed for City Burial.

The certificate should be completed within 72 hours to avoid late filing.

The below instructions are for completing the personal particulars, including decedent demographic information, on the death certificate.

Please refer to *How do I report Deaths in EVERS* for completing the medical information.

**Decedent Page:** Select “Yes” in response to the question, “Will medical institution be responsible for final disposition?” on the Decedent page.

**Decedent Page:** Enter decedent information, then click Validate Page, and then Next.

**The City of New York Department of Health and Mental Hygiene**

500297 : Test Test MAY-02-2013

Death Registration Menu

- Personal Information
- Decedent**
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes
- Medical Certification
- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Certifier
- Pronounce
- Other Links
- Comments
- Print Forms
- Validate Registration

Decedent

Will medical institution be responsible for final disposition? **Yes**

Infant Identifier

Decedent Name Presumed? Confirmed ID

Decedent's Legal Name

First Middle Other Middle Last

Test

Aliases

Add/Edit Alias Names

Gender Social Security Number

Male 111-11-1111 None Unknown

Date of Birth Years Months Days Hours Minutes

FEB-01-2950 Age 63

SSN Verification Status UNVERIFIED (0)

Decedent's Birth Place

City or Town State Country

Bronx NY United States

Ever in US Armed Forces?

Yes No Unknown

Select one from the dropdown

Validate Page Next Clear Save Return

Local intranet 100%

**Please Note.** If there is no social security number, select none. If social security number is unknown, select unknown.

Enter the Social Security Number, Date of Birth, Age, and then click **Verify SSN**

**Resident Address Page:** Enter Decedent's address, click Validate Page, and then click Next.

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Resident Address

Address

Street Number Directional Street Name Street Designator Post Directional Apartment Number

123 Broadway 5A

City or Town County State Country Zip Code

Bronx New York United States 11211

Inside City Limits

Yes

Validate Page Next Clear Save Return

**Family Members Page:** Enter Family Members' information. Select the Marital Status from dropdown. Click Validate Page and then Next.

Main Life Events Queues Forms Help

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500297 : Test Test MAY-02-2013  
 /Personal Invalid/Fact of Death Valid/Medical Invalid/Not Registered/Unsigned/Unpronounced/Uncertified/NA/Personal Pending/Medical Pending/ICD Coding Required/GIS Coding Required

**Family Members**

Marital Status:  Other Specify:

Surviving Spouse's/Partner's Name

First:  Middle:  Last (if wife, name prior to first marriage):  Suffix:

Father's Name

First:  Middle:  Last:  Suffix:

Mother's Maiden Name Prior to First Marriage

First:  Middle:  Last:  Suffix:

Validate Page Next Clear Save Return

**Informant Page:** If the person authorizing disposition is the same as the informant, check the "Same As Informant" box. If the person authorizing disposition is not the same as the informant, uncheck the Same As Informant box, and enter the required information. Click Validate Page and then Next.

Main Life Events Queues Forms Help

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**Informant**

Informant Name

First:  Middle:  Last:  Suffix:

Relationship to Decedent:  Other specify:

Address

Street Number:  Pre Directional:  Street Name:  Street Designator:  Post Directional:  Apartment Number:

City or Town:  State:  Country:  Zip Code:

**Individual Authorizing Disposition**

Same As Informant:

First:  Middle:  Last:  Suffix:

Relationship to Decedent:  Other specify:

Validate Page Next Clear Save Return

**Disposition Page:** leave the Date of disposition field blank. For the funeral director, enter Jason Graham. Click Validate Page and then Next.

**744314 :Test JUL-08-2014**  
 /New Event/New Event/New Event/Not Registered/Unsigned/Unpronounced/Uncertified/NA

**Disposition**

Method of disposition: City Burial (Potter's Field) Other Specify:

Cremation Clearance: NA Date of disposition:

**Place of disposition**

Place of Disposition: City Cemetery At Hart Island

City or Town: Bronx State: New York Country: United States

**Funeral Director**

License Number:  Lookup: Jason Graham

First: Jason Middle:  Last: Graham

**Funeral Home**

Business Registration Number:  Lookup: Office of Chief Medical Examiner

Street Number: 520 Pre Directional:  Street Name: First Street Designator: Avenue Post Directional:  Apartment Number:

City or Town: New York State: New York Country: United States Zip Code: 10016

Buttons: Validate Page, Next, Clear, Save, Return

**Callout Box:** Enter Jason Graham here for Funeral Director's Name

**Decedent Attributes Page:** Complete decedent attributes, click Validate Page, and then Next.

**500297 :Test Test MAY-02-2013**  
 /Personal Invalid/Fact of Death Valid/Medical Invalid/Not Registered/Unsigned/Unpronounced/Uncertified/NA/Personal Pending/Medical Pending/ICD Coding Required/GIS Coding Required

**Decedent Attributes**

Decedent's occupation:  Decedent's industry:

Decedent's education:

**Ancestry**  
 (Check one box and Specify)

Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)  
 Other Specify:

Non Hispanic (Italian, African, American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc)  
 Other Specify:

Unknown

**Race**  
 Race as defined by the U.S. Census (check one or more to indicate what the decedent considered himself or herself to be)

White  Japanese  Samoan  Other Asian (specify)

Black or African American  Native Hawaiian  Korean  Other Pacific Islander (specify)

American Indian or Alaska Native (specify tribe)  Guamanian or Chamorro  Vietnamese  Other (Specify)

Filipino  Asian Indian  Unknown

**Please Note:** To locate ancestry for Non Hispanic on the Decedent Attributes page, you must use the lookup.

The screenshot shows the 'Decedent Attributes' page for case 500297. The 'Ancestry' section is active, showing a search for 'american'. The search results table is as follows:

| Id   | Description |
|------|-------------|
| 2457 | American    |

Annotations on the screenshot include:

- 'Click here' pointing to the 'Non Hispanic' radio button.
- 'Enter Description, and then click Search' pointing to the search input field.
- 'Click Select' pointing to the 'select' link in the search results table.

**Medical Certification:** Complete the medical certification portion of the certificate. Once the case is pronounced and certified by the physician, it is transmitted to the Burial Desk for approval.

**Message:** An approval message is sent when the case is registered.

The screenshot shows the 'Messages' page with the following table:

| From         | Message Text  | Date Sent             |
|--------------|---|-----------------------|
| Gwcj Xhukonp | Case 500297 - Approved Test Test  | 5/2/2013 2:30:39 PM   |
| Gwcj Xhukonp | Case 427785 - Approved Little Mickey  | 5/2/2013 11:50:49 AM  |
| Gwcj Xhukonp | Case 526238 - Approved Campbell Benz  | 4/30/2013 3:00:00 PM  |
| Gwcj Xhukonp | Case 743454 - Approved Mary Smith   | 4/29/2013 10:38:34 AM |
| Lomi Zsrwwlm | The amendment for: Case Id: 743328 ; Lana Smile, Date of Death: MAR-06-2013 has been Approved.Approved by user. | 4/11/2013 4:43:16 PM  |

A red arrow points to the 'Message Text' column header.

**Burial Permit:** To print the burial permit, click on the decedent's name in messages to access the case.

Calvary Hospital Welcome back mayamd

Main Life Events Queues Forms Help

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 /Personal Valid With Exceptions/Fact of Death Valid/Medical Valid With Exceptions/Registered/Signed/Pronounced/Certified/NA/ICD Coding Required/GIS Coding Required/Burial Permit Ready to Print

**Decedent**

Will medical institution be responsible for final disposition? Yes

Infant Identifier

Decedent Name Presumed? Confirmed ID

**Decedent's Legal Name**

First Middle Other Middle Last Suffix  
 Test Test

**Aliases**

Add/Edit Alias Names

Gender Social Security Number  
 Male + + + + + + + + + + None Unknown

Under 1 Year Under 1 Day  
 Months Days Hours Minutes Verify SSN SSN Verification Status UNVERIFIED (0)

City or Town State Country  
 Bronx New York United States

Ever in US Armed Forces? No

Done Local intranet 100%

Click on  
Print Forms

Main Life Events Queues Forms Help

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**Print Forms**

Burial Permit  
 Work Copy

Return

Click here to print the  
Burial Permit

**Please Note:** The burial permit cannot be reprinted. Before you close the PDF, make sure you have successfully printed the burial permit.

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 OFFICE OF VITAL RECORDS  
 PERMIT TO DISPOSE OF OR TRANSPORT HUMAN REMAINS

EVENT: (CHECK ONLY ONE)  DEATH  SPONTANEOUS TERMINATION  INDUCED TERMINATION

CERTIFICATE NUMBER: 156-10-000014

|                      |  |   |  |                             |                       |
|----------------------|--|---|--|-----------------------------|-----------------------|
| NAME                 | First, Middle, Last<br>Justin Test   | AGE<br>0 19   | SEX<br>Male  | DATE OF EVENT<br>01 20 2010 | MONTH DAY YEAR (YYYY) |
| PLACE OF EVENT       | NEW YORK CITY  | BOROUGH<br>Bronx  | NAME OF HOSPITAL OR INSTITUTION OR STREET ADDRESS<br>Test Hospital |                             |                       |
| CERTIFIER            | NAME OF PHYSICIAN OR MEDICAL EXAMINER NUMBER<br>Patricia Doctor              | METHOD OF DISPOSAL<br><input checked="" type="checkbox"/> INTERMENT <input type="checkbox"/> CREMATION <input type="checkbox"/> OTHER | CREMATION APPROVED BY:<br>NAME: _____<br>M.E. CASE # _____         |                             |                       |
| PLACE OF DISPOSITION | NAME OF CEMETERY OR ORATORY (OR DESTINATION)<br>City Cemetery at Hart Island | CITY OR COUNTY AND STATE<br>Bronx, NY   | DATE OF DISPOSITION<br>** ** ****                                  | MONTH DAY YEAR (YYYY)       |                       |

THE CERTIFICATE OF DEATH HAVING BEEN FILED AS REQUIRED BY THE HEALTH CODE, AND ALL LAWS AND REGULATIONS GOVERNING THE PREPARATION AND DISPOSAL OF HUMAN REMAINS HAVING BEEN COMPLIED WITH, PERMISSION IS HEREBY REQUESTED TO DISPOSE OF THE REMAINS AS IDENTIFIED ABOVE.

|                       |   |                             |  |                   |
|-----------------------|---|-----------------------------|--|-------------------|
| FUNERAL ESTABLISHMENT | NAME OF ESTABLISHMENT<br>Office of Chief Medical Examiner     | ADDRESS<br>520 First Avenue | CITY AND STATE<br>New York, New York   | N.Y. STATE REG. # |
| APPLICANT             | NAME OF N.Y. STATE LICENSED FUNERAL DIRECTOR (PRINT)<br>Clerk | SIGNATURE<br><i>Clerk</i>   | Signature Electronically Authenticated |                   |

PERMISSION IS HEREBY GRANTED TO DISPOSE OF THE REMAINS AS REQUESTED ABOVE.

NOTICE: This permit is not valid without the seal of the Department of Health and Mental Hygiene; or if it has been corrected, initialed or altered in any manner.

VR 21 (REV. 7/09) FEE PAID \$ Not Applicable DATE XX / XX / XXXX  
 MM DD YYYY

By *Patricia Desk*  
 City Registrar  
 Electronic Registration

For questions regarding EVERS, please contact:

Constituent Services Unit  
 New York City Department of Health and Mental Hygiene  
 (646) 632-6705  
[evers@health.nyc.gov](mailto:evers@health.nyc.gov)

Have you seen our website yet? Go ahead, take a look now! <http://www.nyc.gov/evers>